

**OFFICE OF THE ATTORNEY GENERAL  
VIOLENT CRIME VICTIMS ASSISTANCE PROGRAM  
FY 2008 SPECIAL PROJECT APPLICATION**

**BACKGROUND**

Before applying for funding under the Illinois Violent Crime Victims Assistance Act, 725 ILCS 240, please read the following material carefully to ascertain your program's eligibility.

The Illinois General Assembly found that when crime strikes, the chief concern of criminal justice agencies has been focused on apprehending and dealing with the criminal, and that the victim or witness is frequently forgotten or further victimized by the criminal justice system. Nevertheless, the single most important determinant of whether a case is resolved is the information and assistance provided by the victim or witness.

It was, therefore, the intent of the General Assembly to provide ways of improving the rapport of victims and witnesses with the criminal justice system and to provide for faster and more complete victim recovery from the effects of crime through the establishment of victim and witness assistance centers.

Effective January 1, 1984, the Violent Crime Victims Assistance Act was enacted to help provide funding to develop a comprehensive system of victim and witness assistance. The Violent Crime Victims Assistance Fund was designated as a special fund in the State Treasury to provide monies for grants to be awarded from fines and fees collected after January 1, 1984, when a person is convicted in Illinois of a crime of violence, felony or misdemeanor, and for certain offenses listed in the Illinois Vehicle Code.

The Illinois Attorney General has been charged with the responsibility of administering the program, including the responsibility of selecting applicants who are deemed qualified under this Act for designation to receive funding for the establishment and operation of victim and witness assistance centers.

**ELIGIBILITY CRITERIA**

Any public or private non-profit agency may apply to the Attorney General for selection and funding as a victim and witness assistance center under this Act. "Agency" or "agencies" means any federal, state, local, or private entity which provides, operates, or coordinates victim and witness assistance programs.

To be eligible for funding, each applicant agency shall provide one or more of the following services for victims and/or witnesses of violent crime:

1. Provide assistance to victims of violent crime and their families in obtaining assistance through other official or community resources;
2. Provide elderly victims of crime with services appropriate to their special needs;
3. Provide transportation and/or household assistance to those victims participating in the criminal justice process;
4. Provide victims of domestic and sexual violence with services appropriate to their special needs;

5. Provide courthouse reception and guidance, including explanation of unfamiliar procedures and bilingual information;
6. Provide in-person or telephone hot-line assistance to victims;
7. Provide special counseling facilities and rehabilitation services to victims;
8. Provide public education on crime and crime victims;
9. Provide training and sensitization for persons who work with victims of crime;
10. Provide special counseling facilities and rehabilitation services for child victims of sex offenses;
11. Coordinate volunteers to work with criminal justice agencies to provide direct victim services and/or to establish community support; and
12. Provide other services as the Violent Crimes Advisory Commission shall deem appropriate to further the purposes of this Act.

### **GOALS OF CENTERS/SERVICES PROVIDED**

All services and practices of each agency applying for funding as a victim and witness assistance center shall further or implement the following goals:

1. Assist the criminal justice agencies in giving more consideration and personal attention to victims and witnesses of violent crime;
2. Sensitize law enforcement officials and others who come into contact with crime victims and witnesses;
3. Attempt to decrease the incidence of unreported crimes;
4. Assure that victims and witnesses are informed of their rights and the progress of the cases in which they are involved; and
5. Encourage public use of the services made available under this Act.

### **RESTRICTIONS**

Applications will not be considered for the funding for any of the following purposes:

- A. Debt retirement;
- B. Capital/building campaigns;
- C. Contingency funds;
- D. Research projects;
- E. Individual service providers; and
- F. Non-Illinois based programs.

## **SPECIAL PROJECTS**

Applicants for Special Project Funding must meet the requirements outlined above. Special Projects may be in addition to current VCVA funding or may be submitted by agencies currently not receiving funding.

Examples of Special Projects include:

- Projects expanding or enhancing services to victims seeking Orders of Protection.
- Translation of materials into another language for distribution to a target population.
- Providing local or regional training opportunities for victim service providers.
- Producing and distributing resource materials for use by victims.
- Tuition/registration fees for approved training including IVAA.
- Software necessary to comply with VCVA grant requirements.

Application Process:

The application package must be completed in its entirety.

Joint applications between two or more agencies are welcome. However, the funding of a joint application must result in the disbursement of grant funds to only one of the joint applicants.

Narrative Instructions:

- A. Project Description: Provide a detailed description of the Special Project for which funding is sought. Be sure to indicate the population to be served by the project, the geographic service area and the issue to be addressed by the project. (1 page)
- B. Project Need: Describe the need for this project. Include indicators of community support for the project, any formal partner agencies or groups or other funding sources. Describe the anticipated outcomes of the project. (1 page)
- C. Project Goals: Identify the specified goal that will be accomplished during the grant period. If appropriate, describe how the success will be measured and by whom.
- D. Project timeline: Complete the attached chart.
- E. Staff: Complete the attached page. Describe both agency staff and the staff assigned to the project for which funding is sought.
- F. Specific funding request/budget narrative: Complete the attached page and attach a budget narrative that addresses every requested cost of the project. (2 pages including the attached page)

## **SPECIAL PROJECT APPLICATION COVER SHEET**

### **OFFICE OF THE ATTORNEY GENERAL VIOLENT CRIME VICTIMS ASSISTANCE PROGRAM FY2008 SPECIAL PROJECT GRANT APPLICATION**

#### **APPLICANT ORGANIZATION:**

1. NAME: \_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

FEIN #: \_\_\_\_\_

CHARITABLE TRUST #: \_\_\_\_\_

\_\_\_\_\_  
CHIEF EXECUTIVE OFFICER/EXECUTIVE DIRECTOR

\_\_\_\_\_  
CHIEF FINANCIAL OFFICER

PHONE # \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE # \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Name and/or address of program applying for funds if other than above.

\_\_\_\_\_

\_\_\_\_\_

2. **AMOUNT REQUESTED:**

\$ \_\_\_\_\_

**TOTAL PROJECT BUDGET**

\$ \_\_\_\_\_

3. **ORGANIZATION TYPE:**

- ☐ Government Entity  
☐ Not-for-profit Corporation  
☐ Medical and Health Care Services Provider  
☐ Tax Exempt Organization (IRC 501 (a) only)

4. **POPULATION TO BE SERVED:**

\_\_\_\_\_

5. **LEGISLATIVE DISTRICTS:**

U.S. House of Representatives: # \_\_\_\_\_

State House: # \_\_\_\_\_

State Senate: # \_\_\_\_\_

6. **IMPORTANT NOTICE:**

**This state office is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 725 ILCS 240/ et seq. FAILURE TO PROVIDE ALL OF THE REQUESTED INFORMATION MAY PREVENT THIS APPLICATION FROM BEING PROCESSED.**

7. **APPLICANT CERTIFICATION:**

To the best of my knowledge, the data and statements in this application are true and correct and the application complies with all format requirements. The applicant agrees to comply with all state/federal statutes and rules/regulations applicable to the program.

**AUTHORIZED OFFICIAL:**

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **APPLICATION REQUIREMENTS:**

### **SUBMISSION:**

The Original and One Complete Copy of the entire application packet **MUST** be submitted to:

**ELIZABETH SCHOLZ  
DIRECTOR, VCVA & AVN  
OFFICE OF THE ILLINOIS ATTORNEY GENERAL  
VIOLENT CRIME VICTIMS ASSISTANCE PROGRAM  
628 MAINE STREET  
QUINCY, ILLINOIS 62301**

### **NARRATIVE SECTIONS:**

**All narratives and attachments MUST be included in the order listed below and must be completed in the page limitations indicated in 12 pt font, double-spaced with 1 inch margins. Applications that are incomplete or that do not comply with the requirements below will not be considered.**

### **REQUESTED CHARTS AND BUDGET PAGES:**

All pages must be completed as directed.

### **APPLICATION ORDER:**

1. Application Cover Sheets
2. Requirements page
3. Project Description (1 pages)
4. Project Needs (1 page)
5. Project Goals (1 page)
6. Project Activities (1 pages)
7. Staff page
8. Specific Funding Request/Budget Worksheets

### **ATTACHMENTS ORDER:**

- A. Three (3) original letters of support for the project for which funding is sought from agencies and organizations with which you will collaborate to accomplish this special project.
- B. List of current Governing Board for not-for-profits and governmental entities. \*\*
- C. Not-for profits must submit 1 copy only of most recently completed audit; or a financial statement for agencies with budgets under \$4,000.00 or in operation less than a year. \*\*
- D. Job descriptions for positions for which funding is requested.  
Do not include resumes.

\*\* Agencies that are currently receiving VCVA funding for FY 08 may omit attachments B and C.

### **QUESTIONS:**

Please direct all questions to:

Elizabeth Scholz, Director, VCVA & AVN  
217.223-2221  
[escholz@atg.state.il.us](mailto:escholz@atg.state.il.us)

**AGENCY REQUIREMENTS:**

The agency applying for funding certifies that they have developed and implemented the following requirements (please check). Target dates must be included for those which are yet to be developed. **If a requirement does not apply to your agency, please indicate why it does not.** Copies must be available for inspection.

- \_\_\_\_\_ Reasonable accommodation policy for persons with disabilities. (Compliance with ADA requirements.)
- \_\_\_\_\_ Written policies for a drug free workplace.
- \_\_\_\_\_ Written policies for non discrimination.
- \_\_\_\_\_ Written procedures for client intake. N/A \_\_\_\_\_
- \_\_\_\_\_ Written policies for client rights. N/A \_\_\_\_\_
- \_\_\_\_\_ Written policies for volunteer training. N/A \_\_\_\_\_
- \_\_\_\_\_ Written personnel policies and procedures.
- \_\_\_\_\_ Rules to govern conflict of interest situations.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_  
**Title** **Date**

**PROJECT ACTIVITIES**

Using the chart below, list the projected timeline, activities and the staff that will accomplish these activities for the proposed project.

TIMELINE	ACTIVITIES	ASSIGNED STAFF

## **STAFF**

NOTE: A copy of a current, appropriate job description **MUST** accompany the application for each staff member that funding is requested.

A. Total number of **Agency** Staff: \_\_\_\_\_

B. List staff working on project by name and title.  
Please underline staff for which you are seeking funds to supplement salary.

C. Number of anticipated contractual staff needed for the project: \_\_\_\_\_

List by name (if possible) or function for the project. (ie. Elder Abuse Speaker)